## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000107235

1. Entity Name SKPARK LLC



FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

1743 PARK CENTER DR

STE 300

ORLANDO, FL 32835

Mailing Address

1743 PARK CENTER DR

STE 300

ORLANDO, FL 32835



03192008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number 20-3753991         |                   | Applied For<br>Not Applicable |
|----|-------------------------------|-------------------|-------------------------------|
|    | 20-3733991                    |                   | Not Applicable                |
| 5. | Certificate of Status Desired | \$5.00<br>Fee Rei | Additional uired              |

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

SHAH, KAM A 1743 PARK CENTER DR STE 300 ORLANDO, FL 32835

## DO NOT WRITE IN THIS SPACE

| 8. | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | )‡ |
|----|---|----|
|    | the obligations of registered agent.  |    |
|    | · · · · ·   |    |
|    |   |    |

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9.                                    | MANAGING MEMBERS/MANAGERS   |  |  |
|---------------------------------------|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>SHAH, KAM A<br>1743 PARK CENTER DR #300<br>ORLANDO, FL 32835   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>ASHDJI, STEVE<br>1743 PARK CENTER DR #300<br>ORLANDO, FL 32835 |  |  |
| TITLE NAME STREET AOORESS CITY-ST-ZIP |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cortify that the information indicated on this report is true and accurate and that mysignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ken

3/20108

40)-206-2110

Daytime Phone #